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I. Summary

1. UNFPA is proposing a new approach to its global and regional programming to respond more effectively to General Assembly resolution 59/250 on the triennial comprehensive policy review of operational activities for development of the United Nations system and to an aid environment that emphasizes national ownership, accountability, good governance, harmonization and management for results. UNFPA seeks to maximize its ability to provide integrated technical, programmatic and management support at global and regional levels to enable countries to lead, manage, achieve and account for their national development priorities.

2. The proposed programme adopts a rights-based approach to development and is based on the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17), which provides the framework for UNFPA action to attain the goals of the International Conference on Population and Development (ICPD) and the Millennium Development Goals.

3. The programme subsumes the functions of the intercountry programme, 2004-2007, and the technical advisory programme, 2002-2007, and takes into account the lessons learned in these programmes and those in the multiyear funding framework cumulative report, 2004-2007 (DP/FPA/2007/7 (Part I). These lessons reinforce the importance of: (a) incorporating population dynamics, gender equality, reproductive health and the prevention of sexually transmitted infections and HIV into policy and expenditure frameworks; (b) translating reproductive health policy commitments into resources and programmes focused on strengthening health systems, and scaling up programmes that serve the most marginalized populations; and (c) giving priority to high-quality programming and to interagency pooling of technical assistance to provide coherent support and strengthen results-based management. The lessons highlight the need for UNFPA to integrate its technical, programme and management functions, and to give priority to capacity development and South-South cooperation.

4. An external evaluation conducted in 2006 on the technical support requirements for humanitarian and recovery programmes noted that the current system-wide planning approach must be improved to facilitate the timely provision of technical assistance during humanitarian crises. The UNFPA strategy for emergency preparedness, humanitarian response, and transition and recovery programmes (DP/FPA/2006/14), which the Executive Board endorsed in decision 2006/35, identified the need to enhance the technical capacity of UNFPA in humanitarian and recovery work.

5. The global and regional programme is presented as part of an integrated package of strategic policy and programmatic interventions. It brings together policy, programme and technical dimensions to create the operational support required by countries to implement the ICPD Programme of Action and to respond to their national development priorities. It enables UNFPA to be a more effective partner in inter-agency, global and regional mechanisms to develop joint programmes and to coordinate and participate in multi-disciplinary technical assistance. It guides UNFPA in considering necessary changes at global and regional levels to support country operations.

6. The six components of the programme — a global programme and five regional programmes — are complementary and jointly contribute to the outcomes

in the UNFPA strategic plan, 2008-2011, through specific outputs at each level that are aligned with national priorities. The programmes are structured around the three substantive focus areas in the strategic plan: (a) population and development; (b) reproductive health and rights; and (c) gender equality.

7. The global and regional outputs are interlinked to respond effectively to needs at different levels. Global outputs seek to broaden the knowledge base in support of population and reproductive health issues and establish and strengthen global partnerships and advocacy. This involves: (a) ensuring that evidence-based information is provided for strategic use; (b) harnessing cutting-edge knowledge that can be adapted for use by countries; and (c) developing networks of expertise to support ICPD, particularly on emerging issues. Interlinking with the global programme, the regional outputs seek to develop strategies to position ICPD in national development frameworks. The global and regional programmes will work in tandem to support capacity development at the country level. Annexes containing the global, regional and crosscutting outputs and indicators are available on the UNFPA Executive Board web page at www.unfpa.org/exbrd.

8. Like the global programme, regional outputs seek to position ICPD in national development frameworks and regional agendas. The strategies aim to: (a) develop the capacity of regional and subregional intergovernmental institutions to integrate ICPD priorities into regional agendas; (b) strengthen regional and subregional institutions and establish networks of institutions, experts and civil society organizations to provide technical assistance to countries; (c) enhance South-South cooperation within and between regions, emphasizing capacity development; and (d) utilize United Nations reform initiatives to maximize the resources available through the United Nations system to build national capacity and improve the coherence and consistency of technical assistance.

9. All the programmes will employ a rights-based approach that builds on positive cultural values to promote gender equality and that advocates and supports increased capacity to raise awareness of reproductive rights and to respect, protect and fulfil those rights. Programme activities will give priority to marginalized and vulnerable groups. This is in line with the commitment of the Executive Board to ensure that UNFPA gives priority to the least developed countries in its resource allocation system.

10. A unifying management approach for the programmes will ensure that resources are channelled to outcomes. Information provided by a monitoring and evaluation system will track progress towards expected results and ensure that adjustments are made in the orientation and funding levels of the programmes when necessary.

11. The development of the global and regional programme included an extensive process of consultation with UNFPA country offices, country technical services teams, headquarters units, other United Nations organizations and Executive Board members. This report presents the proposed global and regional programme as well as a contextual analysis of some of the key issues that influenced its design. It also examines issues in managing, monitoring and evaluating the programme.

12. The report concludes with elements of a decision to: (a) endorse the proposed programme; (b) authorize the Executive Director to commit an amount of $200 million over the four-year period, 2008-2011, to implement the programme;

and (c) request the Executive Director to report to the Executive Board in 2009 and 2011, within the context of the annual report of the Executive Director, on the implementation of the programme.

II. Contextual analysis

Global analysis

13. Poverty reduction is central to the UNFPA mandate. Many of the critical development issues affecting developing countries are linked to population dynamics and its components, such as unplanned urban growth, changing age structures, international migration and rapid population growth. Yet, in most cases, first generation poverty-reduction strategies do not adequately factor population dynamics or population issues into policy and expenditure frameworks.

14. Changing age structures and urbanization are key development issues that impact economic sustainability and social security. They exert intense pressure on social and health services and infrastructure. However, they also have potential benefits for social and economic development, provided their implications are recognized and integrated into national development policies, plans and frameworks, and provided they are given priority and sufficient resources.

15. Data collection and use are indispensable to development planning. The ongoing 2010 round of population and housing censuses provides an ideal opportunity for countries to collect and use the data they need to address development issues as well as to track progress on the Millennium Development Goals, the ICPD goals, other international agreements and national goals and targets.

16. Universal access to reproductive health, as recognized at the 2005 World Summit, is critical to achieving the Millennium Development Goals. It is central to poverty-reduction strategies and health-sector plans. This commitment at the international level has not translated into the resources and political will needed at the country level to address the unmet need for reproductive health care and to reduce maternal mortality and morbidity. The lack of access to affordable reproductive health commodities remains an obstacle. So does the decrease in funding for family planning. The challenge is to: (a) integrate reproductive health and HIV/AIDS information, education and services and make them readily available, accessible and affordable to underserved and vulnerable groups, including young people; and (b) increase resources for sexual and reproductive health through global advocacy and policy dialogue.

17. Despite significant progress since the ICPD and the Convention on the Elimination of All Forms of Discrimination against Women, the gap between reaching agreement on policies and implementing them has affected women and girls living in poverty or belonging to marginalized groups. Gender-related attitudes and barriers to informed decisions on sexual and reproductive health are among the reasons why poor sexual and reproductive health and extreme poverty persist in many parts of the world. Concerted efforts are needed through global advocacy, policy dialogue and capacity development to: (a) mobilize support for legislation prohibiting violence against women and girls, female genital cutting/mutilation and child marriage; (b) work with policymakers, elders, and community and religious

leaders to advocate 'change from within' through culturally sensitive approaches; and (c) support open and intercultural dialogue on gender equality and women's empowerment.

18. The right to reproductive heath applies to all people at all times, including those in communities experiencing or recovering from crises. This is an important component of strengthening the capacity of partners to integrate the ICPD Programme of Action into emergency preparedness, humanitarian response and transition and recovery plans, and is thus a priority of the global and regional programme.

Regional analysis

19. *Asia and the Pacific*. Asia and the Pacific is a region of contrasts. While hundreds of millions of its people have been lifted from poverty, hundreds of millions of others struggle to survive. The region has approximately 3.7 billion people and a large share of the world's poorest people. Emergency situations caused by natural disasters and conflicts have the potential to impede progress in achieving development goals.

20. Urbanization and internal and international migration occur at unprecedented rates. Asia is experiencing the movement of the largest number of people in the shortest period of time in human history. Asia will house the world's largest urban population, over half of whom will live in slums and informal settlements. This will impact the delivery of essential services, including reproductive health services, HIV prevention and family planning services, and will affect young people disproportionately. This will require education and counselling to enable them to develop attitudes and life skills for sound decision-making and responsible behaviour.

21. Fertility is declining rapidly in the region. This has been accompanied in some countries by heightened discrimination against females, manifested in sex-selective abortion and/or sex-selective neglect. Even though some countries have banned sex-selective abortion, recent sex-ratio statistics indicate that the practice persists.

22. *Sub-Saharan Africa*. Despite progress, sub-Saharan Africa faces serious political, economic and social challenges. With an annual rate of growth of 2.2 per cent, the population will increase from 906 million in 2005 to 1.1 billion in 2010. Twenty years of population growth at almost 3 per cent per year has outpaced economic gains, leaving Africans, on average, 22 per cent poorer than they were in the mid-1970s. Despite improved economic performance in recent years, the overall gross domestic product growth rate is below the 6 to 8 per cent required over a 10-year period to achieve the Millennium Development Goals. Life expectancy has decreased sharply due to AIDS.

23. The lack of access to information and reliable data on population issues has constrained sustainable development. Only 43 per cent of the countries of the region have undertaken national population and housing censuses. It is imperative to ensure the collection, analysis and access to data in the coming decade. Migration related to poverty and political instability is also of concern. One of the reasons for this migration is the rapid increase of new entrants into the labour market associated with a young age structure. But high fertility rates are outpacing the capacity of economies to generate jobs. Even in cases where the onset of fertility transition is

about to bring a demographic bonus, the lack of job opportunities makes it difficult to capitalize on the positive dependency ratios that accompany the transition.

24. About 50 per cent of African countries have declared AIDS as an emergency; yet the rate and scale of implementation of programmes remain low. Scaling up programmes remains a far-reaching goal. Access to condoms is about 10 per cent, and HIV/AIDS continues to escalate, with over 25 million Africans living with HIV in 2005. Women are increasingly affected, accounting for 60 per cent of new infections; half of the 1.7 million new infections occur among young people. The maternal mortality ratio is, on average, over 700 per 100,000 live births, and 40 per cent of all pregnancy-related deaths worldwide occur in Africa. About 22,000 African women die each year from unsafe abortion, reflecting the failure to address the unmet need for contraception.

25. The feminization of HIV/AIDS and poverty, low literacy rates for girls, low representation of women in decision-making, gender-based violence and inadequate allocation of resources to gender issues are obstacles to development. Contraceptive use among women in union varies from 50 per cent in the southern subregion to less than 10 per cent in middle and western Africa. The Maputo Plan of Action, which promotes an integrated approach to sexual and reproductive health and reproductive rights, will be the focus of future activities, including in conflict and post-conflict situations.

26. *Arab States*. This is a diverse region with least developed countries as well as rich oil-producing countries. All 22 countries display different development challenges, though they have more uniform political and social characteristics. Demographically, the Maghreb countries are advanced in their demographic transition, which is characterized by falling birth rates and rising elderly populations, while other countries are experiencing rapid population growth and young age structures. Economically advanced Gulf Cooperation Council countries attract large flows of immigrant labour, predominantly from other countries of the region with young populations and high unemployment.

27. While some countries enjoy stable growth and development, others face complex emergency, conflict and security situations, requiring a shift from long-term development planning to immediate emergency response and preparedness. Religion and culture play an important role in social and political life. This represents a challenge in addressing the quality of reproductive health services, the prevention of HIV and gender-based violence, and women's empowerment. Effective programming and policy debates on high rates of fertility and maternal morbidity and mortality require culturally sensitive approaches, and advocacy tools to address these issues must support programming efforts. Regional dialogue and cooperation among development partners will ensure that gender-sensitive social development policies, which are rights-based and embedded in national poverty-alleviation frameworks, are implemented.

28. *Eastern Europe and Central Asia*. This region has undergone political, economic and social transformations over the past decade and a half. It has a shrinking and ageing population with low levels of fertility, though some of the countries and subregions have higher levels of fertility and young populations. The rapidly changing life styles of young people and intensive labour migration increase the vulnerability of young people to HIV. The region is experiencing the world's fastest growing AIDS epidemic: the number of HIV infections rose from 30,000 in

1995 to 1.4 million in 2004. The majority of reported infections are among young people, especially injecting drug users and sex workers, their clients and partners. All countries in the region are sources and recipients of human trafficking. Gender-based violence is becoming the focus of social policies.

29. Subregional differences are considerable. Eastern Europe has specific needs in addressing vulnerable groups, in improving the quality reproductive health services and in developing evidence-based social policies. In the South Caucasus and Central Asia, maternal health is a challenge, especially in the poorest countries, where reproductive health and population programmes are not integral parts of poverty-alleviation strategies. Despite increased awareness of and access to reproductive health services, unsafe abortion continues to be the primary method of fertility regulation. Greater investment in data collection and advocacy are critical for developing evidence-based social policies, promoting reproductive health programmes and increasing resources for these challenges.

30. *Latin America and the Caribbean*. This region, with 570 million people in 47 countries, is marked by ingrained inequality. Despite the advance of democracy and policies to invigorate the economy, growth has been restrained, and poverty is widespread. The region has shown progress in developing social policies within the ICPD and Millennium Development Goal frameworks, but gaps persist in implementing such polices and in allocating resources for them in public budgets. This affects the quality of life and the exercise of human rights.

31. Half the income of the region is concentrated in 10 per cent of the population, while the poorest 10 per cent receives only 1.6 per cent. Four of every 10 people are poor; and one of every six is extremely poor. Levels of education have improved, but women have, on average, less education than men. There are shortfalls in secondary education, as almost half of the adolescents of the region drop out of school. Disproportionate numbers of youth, women and indigenous people are among the unemployed. They experience lower life expectancy and higher rates of fertility and maternal and infant mortality, adolescent pregnancy, school abandonment, and sexual and reproductive health deficiencies than the other groups.

32. Youth policies have led to greater recognition of the rights of adolescents and youth, but their implementation is weak. Adolescents and youth account for 18 per cent of the population, and are largely deprived of a socio-economic role. Adolescent fertility is high, and, for the 15 to 19 year-old age group, it is the second highest in the world. Maternal morbidity and mortality are unacceptably high. The AIDS epidemic continues to grow and affects the Caribbean subregion in particular. Together with unwanted pregnancies and low life expectancy, these indicators reflect high levels of exclusion from economic participation and social and health protection.

33. In terms of gender equality, the region has adopted legal frameworks, enacted legislation related to reproductive rights, established gender mechanisms for equal opportunity measures, and institutionalized policies against gender-based violence. Challenges remain in achieving reproductive rights and in building solid alliances between government and civil society.

III. Proposed global and regional programme

34. UNFPA developed the global and regional programme on the basis of the strategic plan, 2008-2011, which seeks to strengthen the support systems required by countries. The mutually reinforcing principles — a rights-based and culturally sensitive approach, and gender mainstreaming — and the cross-cutting concerns of young people, marginalized and excluded populations, and populations in emergency situations guide the formulation of the programme outputs.

35. The global programme seeks to improve the enabling environment to achieve the ICPD goals and the Millennium Development Goals through advocacy, by broadening the knowledge base to support population and reproductive health issues, and by establishing and strengthening global partnerships. The global outputs are concentrated in four areas: (a) state-of-the-art technical knowledge; (b) standards and norms for programme quality assurance; (c) capacity development; and (d) advocacy, communications and resource mobilization.

36. The regional programmes follow a common set of strategies: (a) strengthen national capacity to incorporate ICPD and Millennium Development Goal priorities in national development frameworks; (b) mobilize the potential of United Nations reform, including the resources available through the United Nations country teams and the expertise and knowledge available globally, regionally and locally, to provide effective support to countries; (c) develop national capacity through South-South cooperation and intensify efforts to use national, regional and interregional resources to support national development and country programmes; and (d) mobilize global and regional technical resources and networks to provide integrated technical and programme support.

37. The global and regional programme will ensure that information flows from the global level to the regions and countries and vice versa, so that country programmes benefit from a global and regional perspective and that global initiatives benefit from a greater understanding of country-level situations. The global and regional structures will be designed to ensure continuity of support to countries.

Population and development

Global outputs

38. At the global level, UNFPA will undertake advocacy to promote the ICPD agenda in intergovernmental and inter-agency processes, as well as among Member States, parliamentary groups, civil society and the media. UNFPA will emphasize the mobilization of resources needed to fully implement the ICPD. Key issues will include advocacy for: (a) investing in young people; (b) raising awareness of emerging population issues, such as international migration, urbanization, population and environment, and changing age structures, that will have an impact on population dynamics, sustainable development and poverty reduction; (c) strengthening linkages between sexual and reproductive health and HIV/AIDS; and (d) raising awareness of the importance of data in formulating policies and in monitoring the Millennium Development Goals and the implementation of the ICPD Programme of Action.

39. UNFPA will provide technical assistance to develop the capacity of countries to incorporate population dynamics, including the demographic dividend of a young workforce, reproductive health and reproductive rights, and gender equality into national policies and poverty-reduction strategies and their budget frameworks. This will ensure that attention is given to these issues in the development process.

40. The global programme will incorporate population concerns into national emergency preparedness plans. This will provide an opportunity to introduce longer-term policy changes during periods of transition and recovery, particularly for post-conflict environments. The UNFPA strategy to integrate the ICPD Programme of Action into emergency preparedness, humanitarian response, and transition and recovery programmes will guide the work.

41. Providing support for data collection and analysis for policy formulation and monitoring has been a traditional role for UNFPA and one of its comparative advantages. Compiling and disseminating updated country statistics and reproductive health indicators are critical. The global programme will play a strong advocacy and resource-mobilization role to support countries in conducting population and housing censuses during the 2010 round of censuses, using international standards, and in building institutional capacity to analyse and use census data for national development planning and monitoring. The programme will provide technical support to carry out demographic and health surveys and thematic surveys needed to monitor progress in reproductive health, including maternal mortality, against agreed indicators on universal access to reproductive health. UNFPA will provide support to collect and analyse data to develop programmes in conflict, post-conflict and emergency situations. UNFPA will seek to develop the capacity of countries to disaggregate data by sex, age, place of residence (rural/urban) and ethnicity.

Regional outputs

42. *Asia and the Pacific*. This region can be divided into three categories in terms of population structure: (a) countries with high fertility that have not begun the demographic transition; (b) countries where the population growth rate is slowing down and that have a demographic 'window of opportunity'; and (c) countries that have gone through the transition and are planning for ageing populations. The regional programme will work in three areas: (a) developing capacity to integrate population issues, including gender and sexual and reproductive health, into national development policies and plans; (b) developing capacity to gather, analyse and use disaggregated data to improve policy dialogue and better target policies and programmes; and (c) addressing emerging population issues, in particular population ageing, to enable governments to address changing age structures within plans and policies. This will allow governments to make the investments needed to take advantage of large populations of young people; deal with large population movements caused by migration and prepare for urban growth; and develop regional responses to trafficking. Young people's issues will be mainstreamed throughout the three areas.

43. *Africa*. Given the population dynamics and the urgent need to focus on poverty reduction, the regional programme will strengthen the capacity of regional institutions to: (a) integrate population, sexual and reproductive health, and gender issues into national and regional development frameworks and processes; and

(b) advocate the budgetary allocations required to address them. It will ensure that the needs of young people are integrated into public policies.

44. The lack of access to information and reliable data on population, reproductive health and gender at the regional level and in most countries is a constraint to sustainable development. The regional programme will seek to strengthen the technical capacity to collect, analyse, disseminate and use data. Support will be provided to: (a) mobilize resources for countries undertaking censuses by 2011; (b) carry out demographic and health surveys; (c) strengthen data-management systems and training in national institutions; and (d) develop an integrated, strategic perspective to the analysis of development problems. The resulting information and analyses will contribute to an improved understanding of processes such as the impact of HIV/AIDS on the labour force, the emigration of professionals, rapid urbanization and the growth of slums.

45. *Arab States*. The focus will be on strengthening the capacity of regional institutions to collect, analyse and disseminate data for informed policy formulation, which will foster linkages between population variables and poverty-reduction initiatives. This will be achieved through: (a) evidence-based research and advocacy directed to policymakers and development planners; (b) training and capacity development of regional institutions in collecting and analysing disaggregated data; and (c) strengthening national and regional capacity to develop policies and plans to address migration and youth-related issues. The programme will provide support to regional cooperation initiatives and networks on emerging population issues, knowledge sharing and support for policy-related research and planning.

46. *Eastern Europe and Central Asia*. The programme will seek to build the capacity of regional institutions to deal with demographic features of the region, such as population ageing and low fertility, at one extreme, and burgeoning youth populations, on the other. UNFPA will provide governments, in collaboration with regional organizations, support geared to the demographic transition to: (a) strengthen capacity for the 2010 round of population censuses; (b) strengthen the capacity of regional and national partners to establish mechanisms to involve youth in development planning; and (c) strengthen the capacity of research centres and academic institutions on emerging population issues and their linkages to socio-economic development.

47. *Latin America and the Caribbean*. The programme will strengthen the capacity to integrate population dynamics into national, subnational and sectoral plans and policies, poverty-reduction strategies and expenditure frameworks. It will help to build strategic partnerships and the capacity of selected regional institutions to analyse population factors, providing support to: (a) national and regional institutions to produce population data through the current round of censuses, demographic surveys and thematic studies; to analyse and use the data to highlight age-specific, gender and generational disparities; and to track progress in achieving the Millennium Development Goals; (b) regional institutions to study issues such as migration, ageing and urbanization, to facilitate their inclusion in regional and national agendas; (c) regional youth networks to enhance skills to promote rights-based youth programmes and youth participation; and (d) national and regional institutions to advocate investments in education, health and employment opportunities for young people.

Reproductive health and rights

Global outputs

48. At the global level, the programme will focus on developing evidence-based advocacy for positioning reproductive health and rights in global development agendas and in the context of United Nations reform. It will provide guidance to regional and national partners for scaling up the delivery of sexual and reproductive health and HIV prevention services. This will involve strengthening health systems to: (a) ensure reproductive health commodity security, (b) increase demand for sexual and reproductive health services and reproductive rights; and (c) incorporate sexual and reproductive health and the prevention of gender-based violence and HIV into humanitarian responses. In these areas, the programme will provide support through global networks of technical expertise and resources and through inter-agency collaboration.

49. The programme will provide technical and programmatic support to countries to: (a) build awareness of and ensure that integrated maternal health care (a continuum of care throughout the family planning, pregnancy, delivery and post-partum phases) is incorporated in initiatives to strengthen health systems, including strategies to address shortages in skilled professionals; (b) increase the focus on building and sharing knowledge on maternal morbidity and unsafe abortion; (c) develop advocacy to scale up programmes to prevent mother-to-child transmission of HIV; (d) intensify efforts to mobilize resources for family planning and to support countries that have not made progress in reducing the unmet need for contraception; (e) improve technical guidance on counselling to ensure the use of appropriate contraceptive methods; and (f) lead a global awareness campaign to highlight the work done to improve maternal health and end fistula.

50. The programme will focus on building technical capacity and providing operational guidance on key issues including: (a) preventing HIV infection and sexually transmitted infections and integrating prevention measures into reproductive health services, including those addressing the needs of people living with HIV; and (b) providing young people with access to a package of life-skills education and reproductive health services. The programme will provide support to countries to scale up comprehensive condom programming as an important strategy to attain universal protection against HIV infection, through a comprehensive approach within the context of prevention, treatment, care and support.

51. The programme will address the specific reproductive health needs of communities in crisis by: (a) expanding the evidence base for programming; (b) sharing knowledge to better understand gender dynamics and reproductive health in crisis situations; (c) documenting effective practices; (d) undertaking intensive issue-based advocacy with the public; and (e) making use of user-friendly materials and tools to meet the information and operational guidance needs of stakeholders. It will support efforts to enhance the institutional and technical capacities of governments, NGOs, the United Nations system and the humanitarian community to incorporate reproductive health in humanitarian and transition programmes, including the minimum initial service package for reproductive health.

Regional outputs

52. *Asia and the Pacific*. Despite progress, access to high-quality services is uneven in many countries. Due to insufficient attention to women's health issues, there is a large unmet need for family planning and reproductive health services. The programme will provide support through regional and national networks of specialized institutions and expertise to: (a) ensure that reproductive health is addressed in development frameworks, policies and plans; (b) develop effective approaches to create demand for services among excluded and marginalized populations; (c) reach vulnerable groups with integrated services to prevent HIV and sexually transmitted infections; and (d) link reproductive health and HIV prevention services aimed at young people to other sectors, especially the education and employment sectors; and (e) integrate gender-sensitive reproductive health and life-skills education into school curricula. The programme will also provide support to conduct analyses of health-sector reform.

53. The programme will make use of South-South cooperation to take advantage of the gains some countries have made in implementing the ICPD Programme of Action, including reducing maternal mortality. It will help to: (a) strengthen the capacity of countries to achieve sustainable reproductive health commodity security to meet growing demand; and (b) integrate reproductive health services and the prevention of HIV and gender-based violence into emergency preparedness and response systems.

54. *Africa*. The Maputo Plan of Action adopted by African Ministers of Health in September 2006 is a commitment to implement an integrated package of reproductive health, family planning and maternal health services in Africa. The regional programme will contribute to strengthening the capacity of regional and subregional institutions and civil society organizations to mobilize support for and monitor the political commitment to implement this Plan of Action. Since many countries already implement interventions that promote universal access to an integrated package of reproductive health services, the programme will focus on strengthening national capacity to scale up efforts and to share the knowledge and experience with others. The programme will give special attention to strengthening capacity to provide reproductive health and HIV prevention services for displaced populations in crisis and post-crisis situations.

55. Because young people form a large proportion of the population, the programme will seek to incorporate their reproductive rights and needs in public policies and in development and expenditure frameworks at all levels, and, if applicable, in humanitarian contexts. It will pay special attention to increasing young people's access to and use of multisectoral services related to reproductive health, HIV and the prevention of gender-based violence.

56. The regional programme will work with governments, United Nations organizations and community-based organizations to meet the emergency reproductive health needs of displaced persons and others affected by crisis, and to ensure that humanitarian assistance considers the needs of women and girls.

57. *Arab States*. Since maternal mortality and morbidity are high in many parts of the region, the programme will seek to improve the accessibility to and quality of reproductive health services. Support will focus on strengthening the capacity of governments and national partners to: (a) address HIV/AIDS and sexually

transmitted infections, emergency obstetric care and fistula care in reproductive health programmes and primary health care services, through training, guidelines and advocacy for budgetary allocations; (b) scale up interventions for youth-friendly sexual and reproductive health services, peer-education networks and awareness campaigns on HIV/AIDS and sexually transmitted infections; (c) strengthen the capacity of partners to provide accessible and affordable high-quality reproductive health services based on informed choice, a broad method mix and reproductive rights; (d) undertake advocacy with policymakers to increase government ownership and commitment to addressing HIV/AIDS in low-prevalence countries; and (d) improve the technical skills of partners to respond to reproductive health needs in emergency situations, especially for integrated programming.

58. *Eastern Europe and Central Asia.* Considering high fertility, low contraceptive prevalence, high abortion rates and low awareness of condom use for prevention purposes, the programme will: (a) strengthen regional capacity to support integrated reproductive health commodity security systems supported by advocacy and awareness creation on comprehensive condom programming, especially among at-risk populations; (b) strengthen the capacity of partners for effective HIV prevention programming among youth and at-risk groups, and undertake advocacy with policymakers to increase government commitment to addressing HIV/AIDS in low prevalence countries; (c) support regional institutions in developing and implementing policies to expand access to high-quality family planning services to address unmet needs and prevent unintended pregnancies; (d) strengthen the capacity of partners to provide accessible and affordable high-quality reproductive health services; and (e) enhance the technical skills of partners to respond to reproductive health needs in emergency situations, especially by integrating programming for emergency preparedness into national development plans and country programmes.

59. *Latin America and the Caribbean.* The regional programme will work with regional and subregional specialized institutions and mechanisms to promote a policy environment that supports the integration of reproductive health into public policies. It will strengthen regional institutions so that they can enhance national capacity to provide an essential package of sexual and reproductive health services and promote reproductive health commodity security and HIV prevention.

60. To reduce high levels of maternal mortality, the programme will support the implementation of an integrated strategy to strengthen the capacity of community-based organizations to increase demand for high-quality, accessible sexual and reproductive health services; provide family planning, skilled birth attendants and emergency obstetric care; and prevent mother-to-child transmission of HIV. An inter-agency consensus on reducing maternal mortality has been reached, and the strategy will guide a common approach among partner organizations to implement it. The programme will employ culturally sensitive approaches in addressing the needs of indigenous populations that are particularly affected by maternal mortality. It will support regional institutions to enable them to advocate and scale up services to prevent HIV and sexually transmitted infections, especially among women, young people and vulnerable groups.

61. The regional programme will strengthen regional and national institutions in their efforts to meet the reproductive rights and reproductive health needs of young people through information, counselling and youth-friendly services, and, with the

support of other partners, to deliver comprehensive sexuality education in formal and out-of-school education programmes.

Gender equality

Global outputs

62. Although assessments show that progress has been made in advancing gender equality and women's empowerment, enforcing policies and laws, and allocating budgets to implement programmes, remain key challenges. The global programme will advocate the human rights of women and girls, including their reproductive rights, and help countries to mainstream gender concerns into policy and funding frameworks and emergency and transition plans, and ensure they are appropriately funded.

63. The programme will support advocacy and capacity-development activities to create a sociocultural environment that will enable women to exercise their reproductive rights freely and facilitate the elimination of harmful practices. This will include support to: (a) develop and disseminate evidence-based advocacy materials and intensify efforts to mobilize support globally for the ICPD agenda; (b) establish partnerships with global and regional networks of agents of cultural change to foster social environments supportive of the reproductive rights of women and girls, the participation of males and the elimination of harmful practices; (c) conduct research on sociocultural practices, behaviour and beliefs impacting the reproductive health of women and girls, such as child marriage, female genital cutting/mutilation and male perceptions of masculinity; and (d) develop strategies to involve men as partners in addressing sexual and reproductive health, family planning, HIV prevention and preventing gender-based violence.

64. The programme will seek to combat gender-based violence. It will promote the enforcement of laws and the implementation of national policies and programmes and regional frameworks designed to protect women and girls from gender-based violence. This will include support to: (a) strengthen leadership in preventing gender-based violence in emergency and post-emergency settings, including advancing the Brussels Call to Action; (b) develop evidence-based arguments, including on socio-economic costs, to support national policies and budgetary commitments; and (c) make use of communications and training tools, including costing methodologies, to build regional and national capacity to respond to gender-based violence and to address it as part of sexual and reproductive health and HIV prevention services.

65. Partnership and collaboration will be at the centre of these activities. Through its global programme, UNFPA will work closely with all of its partners, especially with relevant United Nations partners, to ensure a clear division of labour, facilitate a coordinated response and ensure collaborative programming. UNFPA will collaborate with the United Nations Development Fund for Women to increase programming and accountability on gender mainstreaming. As a co-chair of the United Nations task force on violence against women, UNFPA will work to foster joint initiatives and joint programming in support of national efforts to end gender-based violence. It will also work with the Office for the Coordination of Humanitarian Affairs and the Inter-Agency Standing Committee gender task force to map, collate and share existing tools and resources related to gender mainstreaming in humanitarian responses and to develop additional tools and materials for

managers and practitioners. The programme will support inter-agency mechanisms to ensure the timely deployment of personnel during crisis and transition periods.

Regional outputs

66. *Asia and the Pacific*. An area of concern in the region, especially in south and west Asia, relates to gross gender disparities that exist in health, literacy, education, political participation, income and employment. Although all countries in the region have signed or ratified the Convention on the Elimination of All Forms of Discrimination against Women, traditional gender norms, stereotypes and practices persist, including discrimination, son preference, forced marriage, gender-based violence and exclusion from political, social and economic participation. The regional programme will support governments and national institutions in implementing and monitoring existing legislation, and where such legislation is not in place, advocate its formulation, implementation and monitoring. To improve understanding of gender issues, the programme will support research on masculinity and gender relations to identify ways to work with men and boys in promoting gender equality. The programme will also seek to: (a) combat son preference and identify strategies to address imbalances in sex ratios; and (b) ensure that policies are enforced and that there are functional linkages between sexual and reproductive health and HIV prevention services and gender-based violence prevention and treatment.

67. *Africa*. In Africa, UNFPA is a major contributor to promoting gender equality and the empowerment of women and girls. It also supports services for their sexual and reproductive health. However, gender inequality in attitudes and behaviours continues to contribute to the feminization of poverty and HIV/AIDS and the high level of maternal morbidity and mortality. The regional programme will support efforts at regional and national levels to strengthen systems to protect human rights, enact and enforce laws, and provide integrated sexual and reproductive health and HIV prevention services, including in emergency and post-emergency situations.

68. The programme will seek to foster an enabling sociocultural environment to promote gender equality, women's empowerment and reproductive rights by working with governments and with community and religious leaders, civil society organizations, and women's and youth networks. The programme will work with national and regional institutions to promote accountability on gender issues to overcome pervasive gender inequalities that are deeply rooted in and perpetuated by some cultural values, social attitudes and practices, as well as by legal and political systems and institutions. The programme will help to build the capacity of communities to carry out gender-based analysis, auditing and budgeting, and bring about change by addressing practices that perpetuate gender-based violence and by promoting positive beliefs and practices on gender equality.

69. *Arab States*. Even though several countries have included women's empowerment issues on national agendas, the status of women in the region continues to be challenged by legislation that does not promote the empowerment of women and contains gaps in policies concerning women's rights, harmful practices and traditional cultural attitudes. The practice of female genital cutting/mutilation remains widespread in some countries. Research studies and advocacy will support the development of legislation to address gender issues and, where legislation exists, support its implementation. The regional programme will undertake initiatives to

integrate the prevention of gender-based violence into relevant programmes, including in emergencies.

70. *Eastern Europe and Central Asia.* The programme will address issues of gender-based violence and the trafficking of women, with a focus on: (a) strengthening the capacity of lawmakers and parliamentarian forums to promote gender-sensitive legislation; (b) strengthening networking and partnerships to increase awareness at policy and community levels, and (c) strengthening the capacity of regional partners and national counterparts to integrate a rights-based approach into development programming.

71. *Latin America and the Caribbean.* The regional programme will support regional, subregional and national institutions to enhance their capacity to advocate and integrate gender equality and reproductive rights into development policies, frameworks and budgets. The programme will work with regional networks of indigenous groups and other vulnerable groups to improve their ability to influence public policies on gender and reproductive rights. It will strengthen regional and national capacities to scale up the involvement of men and boys in sexual and reproductive health issues and HIV prevention; promote gender equality; and combat sexual and gender-based violence.

72. In order to strengthen respect for and application of human rights principles, the programme will seek to enhance the capacity of regional human rights institutions and judicial systems to monitor and enforce policies and laws protecting reproductive rights and gender equality, including those aimed at combating sexual and gender-based violence. Since gender-based violence affects one out of every three women of the region, the programme will support regional and subregional institutions to address sexual and gender-based violence and to design and implement comprehensive models for its prevention and care.

Cross-cutting global outputs to support improved programme delivery at all levels

73. The changing aid environment and United Nations reform require adjusting programme approaches to improve efficiency and effectiveness at all levels, particularly at the country level. UNFPA will continue to consolidate ongoing capacity-development efforts; strengthen the capacity of its country offices to participate in inter-agency dialogue within the context of the United Nations country teams; and strengthen systems and tools for programme delivery, monitoring and evaluation. The cross-cutting outputs will enable UNFPA to make effective contributions to all strategic plan outcomes.

74. The enhanced capacity of UNFPA to participate in inter-agency regional mechanisms will: (a) strengthen its presence and technical and programmatic contributions to support national development; (b) facilitate knowledge sharing among organizations at the regional level; (c) facilitate the mainstreaming of ICPD priorities into the development mandates of partner organizations; and (d) provide coherent and complementary interdisciplinary support to develop the capacity of national and regional institutions.

75. The global programme will expand, upgrade and roll-out knowledge sharing, programme information databases, and monitoring and evaluation tools, as well as communication and multimedia tools to inform external audiences about UNFPA-supported country programmes and ICPD-related issues. The institutionalization of

environmental scanning, including interest group analysis, and support to United Nations reform initiatives that seek to improve programme effectiveness, are critical for the successful implementation of country programmes and will be supported through the global programme.

76. One of the lessons learned is the continuous need to strengthen the technical and programming capacity of UNFPA country offices and its partners to enhance the quality and implementation of country programmes. The global programme will support a comprehensive learning and training package on substantive issues and on results-based programming, including the use of programme analysis, planning, and monitoring and evaluation systems and tools.

IV. Managing the global and regional programme

Accountability for outputs and for contributions to outcomes

77. UNFPA headquarters-based units developed the global programme, with inputs from other divisions, including the geographical divisions. The heads of units are responsible for formulating the thematic programmes and projects within the framework of the global programme. The global programme also includes crosscutting outputs that require contributions from two or more headquarters units. The units will be responsible for managing the activities and initiatives that contribute to achieving the cross-cutting outputs. The respective geographical divisions developed the regional programmes with inputs from other divisions and from regional consultations with a wide range of partners.

78. UNFPA will develop a mechanism for quality assurance, coherence and complementarity to review the soundness of programmes formulated to achieve the outputs of the global and regional programme. A yearly review of progress towards achieving targets will be an essential element of the performance review of division directors and senior managers, as part of the UNFPA balanced scorecard. At the outcome level, the Deputy Executive Directors will be responsible for ensuring progress on outputs and for demonstrating the extent of the UNFPA contribution to the development outcomes in the strategic plan.

Management outputs that support the global and regional programme

79. The strategic plan, 2008-2011, includes nine corporate management outputs that will be achieved through contributions from all levels of the organization. These management outputs will enable UNFPA to effectively deliver programme outputs at global, regional and country levels. Both the management outputs in the strategic plan and the programme outputs contribute to the same set of development outcomes.

80. UNFPA is responsible for monitoring these outputs and for reporting on them to the programme countries, to United Nations country teams in the context of the United Nations Development Assistance Framework, and to the Executive Board. The balanced scorecard has introduced individual and collective accountability of directors and senior managers for achieving the management outputs and targets in the strategic plan. UNFPA headquarters units and country offices will contribute to achieving these results by defining and implementing management actions for which they and their staff will be accountable.

Monitoring and evaluation

81. UNFPA will develop a monitoring plan for the global programme and each regional programme, including baseline and target data, means of verification and sources of information. On a biannual basis, the UNFPA programme committee will review the progress of the six programmes. UNFPA will collate and analyse progress on the output indicators in an annual report to the Executive Director. All divisions will meet annually to monitor progress towards corporate outcomes and review the indicators, and will determine whether adjustments are needed for corporate mechanisms and strategies for the production and dissemination of knowledge; the development and strengthening of partnerships; and the management of technical assistance.

82. UNFPA will conduct a midterm evaluation in 2009 to identify any adjustments needed to the original outputs and targets and will conduct a final evaluation in 2011 to serve as input for the formulation of a possible successor programme. UNFPA also expects to conduct thematic evaluations.

Reporting

83. UNFPA proposes to report to the Executive Board every two years, as part of the annual report of the Executive Director, on progress towards achieving the outputs, and to present an analysis of the estimated contribution of UNFPA to the stated outcomes at the conclusion of the four-year programme. Reporting on outputs will be separate for each of the six programmes, whereas UNFPA will present a consolidated analysis of the corporate contribution to the development outcomes as part of the reporting on results for the strategic plan.

V. Budgetary implications

84. The total cost of the proposed global and regional programme is $200 million for the four-year period. The distribution of resources is based on the estimated costs of the outputs at global and regional levels. The estimated costs for the six component programmes, as indicated in the integrated financial resources framework of the strategic plan, are: (a) global programme, $80 million; (b) Africa regional programme, $42 million; (c) Asia and the Pacific regional programme, $29 million; (d) Arab States regional programme, $13 million; (e) Eastern Europe and Central Asia regional programme, $13 million; and (f) Latin America and the Caribbean regional programme, $23 million.

VI. Elements of a decision

85. **The Executive Board may wish to: (a) endorse the proposed global and regional programme, 2008-2011; (b) authorize the Executive Director to commit an amount of $200 million over the four-year period, 2008-2011, for its implementation; and (c) request the Executive Director to report to the Executive Board in 2009 and in 2011 on the implementation of the programme, within the context of the annual report of the Executive Director.**